

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 18/804868
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10			1				60						
11				1			61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23			1				73						
24				1			74						
25			1	1			75						
26				1			76						
27			1				77						
28				1			78						
29				6			79						
30				6			80						
31			1				81						
32				1			82						
33			1				83						
34				1			84						
35				4			85						
36				4			86						
37				4			87						
38				4			88						
39				4			89						
40				6			90						
41				4			91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.			46				TOTAL DEP.						
TOTAL CLAIMS			52				TOTAL CLAIMS						